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PATENT
Attorney Docket No. NAC-450

THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Adams *et al.* CONFIRMATION NO.: 1602
SERIAL NO.: 10/642,452 GROUP NO.: 1772
FILING DATE: August 15, 2003 EXAMINER: Ahmad, Nasser
TITLE: Double-Sided Labels and Methods of Manufacture and Use

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 2nd day of June, 2006.

Lisa Marie Solis
Lisa Marie Solis

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

1. Transmittal Form (1 page);
2. Fee Transmittal (1 page);
3. Check in the amount of \$120.00;
4. Amendment and Response (6 pages);
5. Copy of Second Supplemental Information Disclosure Statement filed on November 15, 2005 (2 pages);
6. Copy of Form PTO-1449 filed on November 15, 2005 (1 page);
7. Petition for Extension of Time Under 37 CFR 1.136(a) (1 page); and
8. A Return Receipt Postcard.

**TRANSMITTAL
FORM**



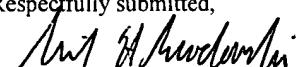
| | |
|---------------------------|-----------------|
| Application Serial Number | 10/642,452 |
| Filing Date | August 15, 2003 |
| First Named Inventor | Adams |
| Group Art Unit | 1772 |
| Examiner Name | Ahmad, Nasser |
| Attorney Docket No. | NAC-450 |
| Patent No. | Not applicable |
| Issue Date | Not applicable |

ENCLOSURES (check all that apply)

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
| <input checked="" type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement | <input checked="" type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>) Copy of Second Supplemental Information Disclosure Statement and copy of Form PTO-1449 filed on November 15, 2005 |
| <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations | <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | | |

| CORRESPONDENCE ADDRESS | SIGNATURE BLOCK |
|---|---|
| Direct all correspondence to: Patent Administrator Kirkpatrick & Lockhart Nicholson Graham LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175 | Respectfully submitted,  Michael H. Brodowski Attorney for Applicants Kirkpatrick & Lockhart Nicholson Graham LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950 |

| <i>Complete if Known</i> | |
|---------------------------|-----------------|
| Application Serial Number | 10/642,452 |
| Filing Date | August 15, 2003 |
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| Group Art Unit | 1772 |
| Examiner Name | Ahmad, Nasser |
| Attorney Docket No. | NAC-450 |

| METHOD OF PAYMENT | | | | | FEE CALCULATION (continued) | | | |
|---|--|---------------|--------------|-------------|--|------------------------------|--|-----------------|
| 1. <input checked="" type="checkbox"/> FEES ENCLOSED: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | | 3. ADDITIONAL FEES | | | |
| | | | | | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid |
| | | | | | 130 | 65 | Surcharge - late filing fee or oath | |
| | | | | | 50 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| | | | | | 130 | 130 | Non-English specification | |
| | | | | | 2,520 | 2,520 | Request for ex parte reexamination | |
| | | | | | 120 | 60 | Extension for reply within first month | 120.00 |
| | | | | | 450 | 225 | Extension for reply within second month | |
| | | | | | 1020 | 510 | Extension for reply within third month | |
| | | | | | 1590 | 795 | Extension for reply within fourth month | |
| | | | | | 2160 | 1080 | Extension for reply within fifth month | |
| | | | | | 500 | 250 | Notice of Appeal | |
| | | | | | 500 | 250 | Filing a brief in support of an appeal | |
| | | | | | 1000 | 500 | Request for oral hearing | |
| | | | | | 400 | 400 | Petitions to the Commissioner (Gp. I) | |
| | | | | | 200 | 200 | Petitions to the Commissioner (Gp. II) | |
| | | | | | 130 | 130 | Petitions to the Commissioner (Gp. III) | |
| | | | | | 180 | 180 | Submission of Information Disclosure Statement | |
| | | | | | 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| | | | | | 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| | | | | | 100 | 100 | Certificate of Correction for applicant's error | |
| | | | | | 130 | 65 | Submission of Terminal Disclaimer | |
| | | | | | Other fee (Specify) | | | |
| | | | | | Other fee (Specify) | | | |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. | | | | | | | | |
| 3. <input type="checkbox"/> Applicant claims small entity status. | | | | | | | | |
| FEE CALCULATION | | | | | | | | |
| 1. FILING/SEARCH/EXAM/SIZE FEES | | | | | | | | |
| Large Entity | | | | | | | | |
| Fee (\$) | Fee Description | | | Fee Paid | | | | |
| 300 | Utility filing fee | | | | | | | |
| 500 | Utility search fee | | | | | | | |
| 200 | Utility exam fee | | | | | | | |
| 250 | Utility size fee (each add'l 50 pgs. over 100) | | | | | | | |
| 200 | Design filing fee | | | | | | | |
| 100 | Design search fee | | | | | | | |
| 130 | Design exam fee | | | | | | | |
| 250 | Design size fee (each add'l 50 pgs. over 100) | | | | | | | |
| Number Filed | Number Extra | Rate | Amount | | | | | |
| Total Claims | - 20 = | x \$ 50.00 = | | | | | | |
| Independent Claims | - 3 = | x \$200.00 = | | | | | | |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any | | \$360.00 = | TOTAL: | | | | | |
| SMALL ENTITY DISCOUNT: | | | | | | | | |
| SUBTOTAL (1) | | | | (\$) | 0.00 | | | |
| 2. AMENDMENT CLAIM FEES | | | | | | | | |
| Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid | | | | |
| Total 19 | - 20 = | 0 | x \$ 50.00 = | 0.00 | | | | |
| Indep. 2 | - 3 = | 0 | x \$200.00 = | 0.00 | | | | |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | | | | | | |
| TOTAL: + \$360.00 = | | | | | | | | |
| TOTAL: (\$0.00) | | | | | | | | |
| SMALL ENTITY DISCOUNT: | | | | | | | | |
| SUBTOTAL (2) | | | | (\$) | (\$0.00) | | | |
| | | | | | | | | |
| CORRESPONDENCE ADDRESS | | | | | SIGNATURE BLOCK | | | |
| Direct all correspondence to: | | | | | Respectfully submitted, | | | |
| Patent Administrator Kirkpatrick & Lockhart Nicholson Graham LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175 | | | | |  Michael H. Brodowski Attorney for the Applicants Kirkpatrick & Lockhart Nicholson Graham LLP State Street Financial Center One Lincoln Street Boston, MA 02111-2950 | | | |